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BULLETIN of the
MENNINGER CLINIC

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THE MENNINGER FOUNDATION SCHOOL OF CLINICAL PSYCHOLOGY: AN EXPERIMENT*

The Menninger Foundation Center of the Department of Psychology of the University of Kansas (which will be referred to as the Menninger Foundation School of Clinical Psychology) has been in existence for one half year. During that time certain tentative views and expedient procedures concerning the education of clinical psychologists have been evolved by its faculty. We have attempted to describe these in the following material prepared by the faculty of the School.

The Problems of Training in Clinical Psychology

Clinical psychology lacks standardization of professional practices and goals. It follows that education for the practice of clinical psychology also lacks standardization and that the question of what constitutes proper preparation for the practice of clinical psychology is a hotly debated one.†

What is the most suitable academic curriculum leading to a career in clinical psychology? What is the most effective type of internship and residency training? What should the clinical psychologist be prepared for: psychometrics, diagnostic investigation, therapeutic work, remedial education, research, interviewing? These questions are still unsettled. Nor is it settled yet whether, and to what extent, broad background training is desirable in the exact sciences (mathematics and physics), the biological sciences (biology, physiology, etc.), and in literature and the fine arts. Nor is it clear how much of the fundamentals of psychiatry should be taught, such as the various schools of psychodynamic and nosological theory, neurology, orientation to clinical and psychosomatic medicine; how much of the theory and practice of occupational and recreational therapy, bibliotherapy, etc.

And last but not least, it is not yet clear what type of practical and theoretical orientation in psychology is desirable as a background for clinical psychology: how one should choose between training in classical behavior-

* Published with the permission of the Chief Medical Director of the Veterans Administration, Washington, D. C., who assumes no responsibility for the statements included or the conclusions drawn.

† See in this respect the September–October, 1945 and the July–August, 1946 issues of the *Journal of Consulting Psychology*, containing the recommendations of the AAAP Committee on Curriculum and the various reports on Internship Programs.

ism and theories of conditioning and learning, or Gestalt and topological theory, or psychoanalytic theory, or classical psycho-physics, or the so-called psychometric methods, or the psychology of individual differences, or child and developmental psychology, or social psychology or research methods in psychology? The training in psychology in most of our colleges and universities is the product of historical accidents and of the personalities and training of the teachers, and not of a plan conceived with a view to later specialization of the students. There are few psychology departments big enough to offer instruction in several of these fields on a first-rate level. Experience at several institutions indicates that interns and residents from very reputable colleges and universities have for the most part a limited *general* background to assist them in the grasping of clinical material and clinical practices. From our experience with interns in the Menninger Clinic Division of Psychology we found that, in addition to clinical training, we had to supplement their background in developmental psychology, Gestalt psychology and topology; and that the academic courses in testing, abnormal psychology, and personality usually produced students who were yet to become acquainted with the majority of the clinical test instruments, with the elements of psychiatric nosology, symptomatology, and clinical theories of personality make-up, psychoanalytic or otherwise.

Another unsettled problem is how and when experience should be acquired. In some schools, clinical experience is limited to laboratory courses. In others, it is recommended that summers be spent in practical work. In the four-year curriculum recommended by the Committee of the AAAP on Curriculum, the third is an internship year. The practice has been that students with bachelor's or master's degrees and even some, though very few, with Ph.D. degrees have gone to various institutions for a year's practical experience. Some sought out institutions so connected with universities that the work done accumulated credit toward their next degree. In a few places it was possible for the student to divide his time between clinical work and regular graduate studies.

Our Experiment

(a) *The Conception of the Program.* Prior to September 1946, the Menninger Clinic Division of Psychology offered only internships and resident training in clinical psychology. This training did not yield any credit toward degrees in any institution. In some instances work done in this time was used as the subject matter of a thesis for a degree. Training consisted mainly in individual instruction, observation, supervision, and reading assignments and the review of these.* The unsatisfactory aspects of this

* See Rapaport and Schafer: The Psychological Internship Training Program of the Menninger Clinic. *Journal of Consulting Psychology*, 10: 216. July–August, 1946.

type of training program have just been alluded to. In 1946 the Veterans Administration made arrangements permitting the establishment of a training program for clinical psychologists which combines the facilities of the University of Kansas, of Winter Veterans Hospital and of the Menninger Foundation for this purpose. Thus an opportunity offered itself to experiment with education in clinical psychology using this past experience.

The Veterans Administration offered generous support to this experiment: financial support for the students in the form of half-time employment within the training program; facilities at Winter Veterans Administration Hospital in Topeka for the training of twenty clinical psychologists; space and arrangements for supervision by the staff of that hospital's Psychological Service.

Trainees were enabled to work toward doctoral degrees and to attend classes at Kansas University in fields of psychology which Winter Veterans Hospital and the Menninger Foundation could not offer. The teaching and supervisory staff of Winter Veterans Administration Hospital and of the Menninger Foundation were incorporated into the faculty of the Psychology Department of the University so that the courses taken at Winter Veterans Administration Hospital and at the Menninger Foundation are accredited toward a degree.

The Menninger Foundation undertook the task of organization to combine the facilities offered by the Veterans Administration with its own resources and those of Kansas University. It offered the administrative machinery, the major part of the instructors, additional facilities for experience (Southard School, the Menninger Sanitarium, Out-Patient Clinics, Research Department, etc.) and, last but not least, the collateral courses and seminars in psychiatry and psychoanalysis of the Menninger Foundation School of Psychiatry.

Thus, it was the cooperation of Winter Veterans Administration Hospital, the Menninger Foundation, and Kansas University that led to the following experimental training program. The students spend half days in clinical work under supervision, receiving didactic clinical instruction. The other half day they spend in taking courses at the Menninger Foundation and at Kansas University or in study. The supervision of the clinical work constitutes the direct instruction in clinical methods. The courses at the Menninger Foundation instruct in general principles of psychiatric theory, nosology, psychoanalysis, testing procedures and related fields. The courses at Kansas University supply the broad psychological background and the courses in related fields which serve as minors towards a degree

It should be noted that the Menninger Foundation provides didactic courses in related fields, such as literature, sociology, anthropology, to expose the direct relationships of these disciplines to the psychiatric, clinical psychological and psychoanalytic disciplines. Didactic courses in fields

of psychology closely related to testing and other clinical psychological practices are also provided: for example, courses in developmental psychology, the psychology of perception, and abnormal psychology which, however, are geared to application rather than to supplying broad background. The courses offered by the Menninger Foundation—one of the main experimental features of this program—thus serve as a transition between the academic curriculum of Kansas University and the practicum and clinical instruction at Winter V. A. Hospital. These courses are taught by people engaged either in research or practicing in the fields they teach.

The simultaneity of clinical and of didactic instruction is the other main experimental feature of this program, conceived in an attempt to bridge the gap between theory and practice, not dividing them as in institutions separating years of internship from years of academic study. Also, this arrangement greatly facilitates the conception and writing of master's and doctor's theses since the collection of material for these can be readily linked up with routine clinical work.

(b) *The Program.* At present the content of our teaching centers upon testing; specifically upon the diagnostic testing of adults, although it already includes some opportunity for work with infants and children, and will include sufficient preparation in vocational and remedial work. In the future it is expected to include work in nurseries, kindergarten, schools, and with delinquents. Whether training in group work, group dynamics, psychodrama, occupational, recreational and bibliotherapy will become feasible will depend upon possibilities to enlarge our training facilities—a question pre-eminently financial. The groundwork for an understanding of therapeutic problems and procedures is also being planned. The problem of training students in therapeutic methods has not yet been solved. Preparations are underway to offer some of the students personal psychoanalytic experience which is expected to facilitate their orientation to problems of research in psychopathology and to prepare them for training in therapy. It is possible that in the third and fourth years of training some experience in therapeutic procedures will become feasible. However, the actual therapeutic training may have to be delayed until after the years of internship and study when certain students might stay on as resident psychologists.

We recognize that not even such a three-way cooperation as that between Kansas University, Winter Veterans Administration Hospital and the Menninger Foundation can provide a sufficiently varied staff and sufficiently varied instruction for an optimal preparation for the broad clinical field. The plan of this training experiment calls for inviting specialists in various testing procedures, various therapeutic procedures, various experi-

mental methods and various remedial practices, to give courses or demonstrations to complement the training program.

It was necessary to screen the applicants in order to have a rather select student body ready to take on the burdens of an intensive program and also in order to curtail their number so as to make the supervision, as well as the didactic courses, intensive. For the success of the experiment, we thought it advisable to provide even for this small student group a variety of elective courses. These aspects of the training program are described elsewhere in this number.

In summary, this is an experiment in linking up academic training with clinical-theoretical training and clinical practicum. It is an experiment in providing for trainees in clinical psychology a broad base in psychological and psychiatric thinking.

The Organization of the Program

A statement concerning the administrative organization of the School is in place here. The Menninger Foundation School of Clinical Psychology is a part of the Menninger Foundation. It is in the Department of Education which is under the direction of Dr. Karl A. Menninger and the administrative supervision of Dr. B. E. Boothe. Dr. David Rapaport is director of the School of Clinical Psychology and a member of the Advisory Council on Education of the Menninger Foundation.

The academic component of this experiment is a part of the Psychology Department of Kansas University and is governed by the customs and rules of that Department. The clinical supervisors and didactic lecturers at Winter Veterans Administration Hospital and the Menninger Foundation have been appointed faculty members of the University of Kansas. The academic reqiurements of the Psychology Department of Kansas University for graduate students are binding for our students and regulate their attainment of academic degrees. The relationship between Kansas University and the Menninger Foundation is stipulated in a contract.

The clinical training is a part of the training program in clinical psychology of the Veterans Administration and thus for the half-time in which they do their clinical work, the trainees are employees of the Veterans Administration and under its jurisdiction. Their appointments come from Dr. James G. Miller, Chief Clinical Psychologist, Veterans Administration, Washington, D. C. Their immediate supervisor is Dr. Robert C. Challman, Chief Psychologist and Chief of the Psychological Service of Winter Veterans Administration Hospital.

The School has an Executive Committee of which Dr. Rapaport is chairman and Dr. Margaret Brenman, co-chairman. There are three other

committees: the Committee on Student Affairs, Dr. Sibylle Escalona, chairman; the Committee on Clinical Programs, Dr. Robert C. Challman, chairman; and the Committee on Curriculum, Dr. Robert R. Holt, chairman. Memberships and chairmanships are about evenly distributed between the staff members of Winter Veterans Administration Hospital and the Menninger Foundation. A psychiatrist serves as a regular member on the Student Affairs Committee and the Curriculum Committee, providing the liaison to the corresponding committees of the Menninger Foundation School of Psychiatry.

The cooperation of the Veterans Administration, of Dr. James G. Miller in particular, and the cooperation of the University of Kansas, of Dean John Nelson and Chancellor Deane W. Malott in particular, in setting up this program are gratefully acknowledged.

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The associated faculty at Lawrence comprises the entire faculty of the Graduate School of Kansas University and is hence too numerous to be listed here.

THE SELECTION OF STUDENTS AND THE MANAGEMENT OF STUDENT AFFAIRS

The Role of the Student Affairs Committee

Any educational enterprise, particularly if it is a cooperative venture of several independent organizations as is the case with the Menninger Foundation School of Clinical Psychology (henceforth referred to as M.F.S.C.P.), requires an administrative unit to centralize and coordinate the students' varied activities, and to record their progress. The Student Affairs Committee of the M.F.S.C.P. was assigned this task, as well as the responsibility for the selection of students for the program. In addition the Committee serves as a channel of communication between the student group and the faculty, receiving suggestions and criticisms from the students and communicating to them suggestions and problems arising from the faculty group. Broadly speaking, the Student Affairs Committee combines the offices of Dean, Student Advisor and Registrar as these offices function in a university setting. It is subordinated to the Executive Committee of the M.F.S.C.P. and coordinated with the Curriculum Committee and the Committee on Clinical Programs. Membership consists of two psychologists (Dr. Escalona and Dr. Challman) and one psychiatrist (Dr. Robbins), all members of the faculty of the School of Clinical Psychology.

In the following pages we shall briefly describe the most important activities of the Committee, and the problems which presented themselves in the course of these. We will discuss first the procedures connected with the selection of students, then those connected with admission and enrollment, then the maintenance of progress records and lastly the procedures established to aid the students individually and as a group in making an optimal adjustment to the demands of the program.

The Selection Process

When the M.F.S.C.P. was initiated, the number of applicants far exceeded the number of available openings. The choice of suitable candidates proved a challenging and extraordinarily difficult task. It was necessary to develop a procedure which would select as accurately as possible from among the applicants those most likely to complete the training course successfully and those most likely to become good clinical psychologists. From the beginning the selection process was regarded not only as an important practical matter, but also as a unique research opportunity. Here we were offered the possibility to assess personality functioning and capacity for growth by whatever means at our disposal which could then be validated against the actual progress and achievement of these individuals in the

course of a four-year program. Hence, the selection procedure was of a prognostic as well as of a diagnostic nature.

The Veterans Administration showed a keen interest in the research aspects of the selection procedures and is sponsoring a nation-wide research project on the selection of psychologists which is conducted by Michigan University. The M.F.S.C.P. participates in this project.

We were aware of the fact that our understanding of the personality characteristics and conditions conducive to good professional development is so incomplete as yet as to make such a project almost irrealistically ambitious. In order to make such an assessment adequate we need a crystallized "professional philosophy," a clear picture of what constitutes a "good clinical psychologist." In the absence of real agreement on this point a series of selection criteria were developed which were based largely on an analysis of the actual demands of the program, the things a student is required to do in the course of his clinical training, as well as in his academic studies. This yielded a series of desirable attributes in terms of intellectual capacities, crystallized clinical and research interests, capacity for maintaining adequate relationships with colleagues and patients and the capacity to tolerate the pressure of clinical demands on the one hand, and of academic requirements on the other.

These criteria, together with those arising from our concept of the discipline of clinical psychology based upon a psychodynamic orientation, resulted in a descriptive picture of "the ideal applicant." In respect to personality characteristics it was thought that ideally the clinical psychologist ought to be a person of genuinely humanitarian interests, capable of showing empathy for all manner of persons; tactful, capable of expressing feeling, but at the same time controlled and well integrated in his own personality functioning. It was thought that the specific demands of clinical psychology, as we would like to develop it, require a person of superior intelligence with a facility for abstract thinking, a person interested not only in concrete cases but in theoretical problems and with marked research interests, a person highly motivated for this type of work and with sufficiently wide cultural interests to see psychological phenomena in their social, cultural, and historical contexts. The capacity to tolerate pressure arising from the demands of the clinical situation and from the competitive educational situation was thought an attribute of special importance.

The faculty group in charge of selection did not, of course, expect all acceptable candidates to conform to such an ideal picture. Most of the applicants were in their twenties and thus had not reached mature professional orientation. Most of them also had suffered disruption of the ordinary course of life experience and came to us directly from military service with all that this implies in terms of necessary readjustments to civilian life.

It was recognized, for instance, that conscientious, methodical work habits may, to a degree, compensate for a searching, intuitive approach on the part of a student, or that flexibility of mind and willingness to learn may compensate for such negative factors as inadequate previous academic experience.

In many respects the selection procedures of the M.F.S.C.P. are parallel to those used in the selection of Fellows for the Menninger Foundation School of Psychiatry.* They included an evaluation of the applicant's previous achievements, psychological testing, and interviews with two or more psychologists as well as with one psychiatrist. The applicants were evaluated separately by each interviewer and by a test diagnostician. Subsequently all the material concerning each individual applicant was brought together in conferences and final acceptance or rejection was decided upon by the committee, subject to approval by the Executive Committee.

The main differences between the problems of selection of psychiatrists and of psychologists, for the respective training programs, arose from the differences in the applicants themselves. Whereas most of the psychiatric applicants had some experience in their chosen specialty, as well as considerable independent responsibility as physicians, the School of Psychology received many applications from persons with a negligible background of experience or education in clinical psychology. A few came directly from schools or universities (non-veteran applicants) but for the majority the school situation and academic discipline were a thing of the past. Military service for most of the medical group meant a continuation of their usual professional activities in a different setting. For most of the students applying for the psychology program, military service meant a complete change in their activities, bearing no relationship to what went before, and little, if any, relationship to the type of work expected of them in our training program. Hence, in contrast to the medical group, the previous performance of our applicants did not provide a basis on which to predict their success in the school. Therefore, personality factors and the students' general scientific and cultural orientation played a relatively large role in the selection for the School of Clinical Psychology.

Since applications were received both by the Graduate School of Kansas University and by the Menninger Foundation, no accurate figures regarding the number of inquiries and applications received can be stated. Our records show a total of 81 applications received. Approximately two-thirds of these were processed before September 1946 (opening of M.F.S.C.P.), the remainder since. A total of 47 applicants were interviewed and tested. The large majority of the remaining 34 applicants were rejected on the basis of correspondence (including academic transcripts) either by the Graduate

* See the May, 1947 issue of the *Bulletin of the Menninger Clinic*.

School of Kansas University or by the Menninger Foundation; a few withdrew their application before selection procedures were completed. It should be emphasized that the entire selection process was carried out by Kansas University and the Menninger Foundation in close association; each applicant had to be acceptable to both institutions, and rejection by either group automatically excluded a candidate.

The Veterans Administration required of the trainees that they be eligible for Civil Service employment, and that they meet the requirements of Graduate Departments of Psychology of recognized universities (in this case Kansas University). The Graduate School of Kansas University requires a B.A. degree from a recognized educational institution, a minimum of 15 course credits in psychology, and a B average in previous academic work. In individual instances it was possible to modify these requirements to some extent in favor of desirable applicants, allowing for conditional entrance into the training program.

Enrollment

Once the students entered the program the Student Affairs Committee functioned as a coordinating agency, responsible for seeing to it that each student met the subsequent requirements of each of the cooperating organizations. This implied insuring that students followed a plan of study which would enable them to obtain their M.A. and Ph.D. degrees at the proper times during the four-year program, and that they received the type of clinical experience which would permit the development of a balanced repertoire of professional skills and yet leave the student time to devote to more intensive work in areas of special interest to him. Since our student body was a markedly heterogeneous group in respect to previous academic training, it was necessary to work out plans of study on an individual basis. Each student discussed his program for the current academic semester in individual conferences with a member of the Student Affairs Committee. Programs so determined were then discussed with and approved by the Head of the Psychology Department of Kansas University before students proceeded with the actual enrollment for courses. Individual program conferences served the dual purpose of working out a suitable plan of study and providing an opportunity for personal contact with each student who was encouraged to express his doubts, difficulties, hopes and anticipations regarding his work.

Progress Records

In order to derive the maximum benefits from our experiences with this program, the Student Affairs Committee was asked to maintain such records as would yield a rather complete picture not only of the students' actual

achievements, but of the conflicts and perplexities which inevitably arose. In addition to the usual types of records therefore (such as grades), instructors and supervisors were asked to submit written evaluations of each student's progress for each semester. These descriptive evaluations refer to the degree and quality of the student's participation in class discussions, the amount of initiative shown, the quality of his written work, his attitudes toward different aspects of the work, towards other students and toward the staff. Special emphasis was placed on changes noted in a student's adaptation to the demands of the program and wherever possible such changes were related to changes in the educational experience to which he was exposed.

Midterm and term papers as well as records of written examinations also were put into the record for follow-up purposes.

Data of this type are thought of as being of basic importance from a research point of view in that they will enable us to compare predictions based upon initial interviews and tests with the actual functioning of the student. These records should also prove to be useful in reconstructing and modifying the program in the areas where students are unable to make the anticipated progress or where they give evidence of failing to integrate the diverse components of the training experience.

Adjustment Difficulties of Students

The M.F.S.C.P. is to our knowledge the first comprehensive educational program designed by clinical psychologists and conducted mainly within the framework of a psychiatric institution. The observation of Fellows in the psychiatric training program, as well as such observation of our own students as have been accumulated so far, clearly show that entry into an intensive training program of this type constitutes a radical change in the students' mode of life and imposes many new and complex demands which are apt to generate considerable insecurity and anxiety. Recognizing the importance of emotional status for the functioning of the entire personality, the faculty group felt obliged to "practice what we preach" and to take emotional factors into account in planning the program. Since the number of students is relatively small, the Student Affairs Committee has been able to maintain fairly close personal contact with the trainees. Some impressions have been formulated regarding the aspects of the total training experience which are most likely to present personal difficulties to the participants.

The following aspects of the students' experience have impressed us as offering special difficulties. To the veteran group, which comprises the majority of our students, the mere readjustment from the role of a soldier to the role of a student presents significant problems. These are accentuated, for our group, by two additional factors. (1) Most of the students, upon

entry into the program, are for the first time brought into intensive contact with emotionally ill persons in a clinical situation. (2) Simultaneously, the students are exposed to psychodynamic concepts and modes of thinking. This latter experience alone invariably assumes personal significance to each student and is likely to activate personal conflicts and create a degree of anxiety. At a time when the reality situation imposes unusual stresses upon the students, the assimilation and integration of psychoanalytic concepts becomes, in our experience, somewhat more difficult. It has been of interest to note that under the conditions just described, our students have tended to emphasize the competitive aspects of the school situation, in spite of the fact that the faculty endeavored to minimize them. It is not surprising that the students, individually and as a group, experienced confusion and anxiety whenever they felt themselves confronted with conflicting demands or with a situation not clearly defined where they felt uncertain as to what was expected of them.

The Student Affairs Committee, recognizing these factors, has attempted to give a good deal of support by means of personal contact with the students. Such efforts could easily lead to a paternalistic overly-protective approach which would foster dependent attitudes on the part of the students, but such a state of affairs would be contrary to our concept of graduate education and every effort has been made to preserve the distinction between an encouraging, supportive attitude and an overly-protective one. The aim has been to create an atmosphere in which students would feel free to seek personal interviews with members of the Student Affairs Committee and in fact with all members of the faculty informally and at their discretion. In addition, regular group meetings were held in which all students expressed their criticisms, asked questions and made suggestions in reference to the program. Furthermore, an attempt was made to help students in clarifying and defining their own status in the program in two ways. (1) After each test or examination instructors discussed the student's achievement, individually or in groups. Again emphasis was placed on making it possible for students to express their feelings and their thoughts in regard to the work. (2) At the end of the semester, individual conferences were held by a member of the Student Affairs Committee with each student. During these interviews the students were acquainted with the content of the qualitative evaluation of their progress, prepared by the teaching and supervising staff (see p. 120). Thus, at the end of the semester the student knew whether he had been able to live up to the standard of achievement expected of him, in what ways he had fallen below this standard, and what were considered his strong and weak points.

Beyond these procedures designed to assist all students in their adjustment to the program, the Student Affairs Committee is responsible for

providing additional more intensive help with personal adjustment difficulties. In keeping with policies operating throughout the Menninger Foundation, the following procedure was followed: students were told that anyone desiring help with a personal problem may request an interview with the psychiatrist member of the Student Affairs Committee who will make recommendations as to the type of treatment indicated. This might range from a few counseling interviews to clarify a reality situation, to recommendations for psychoanalysis. It was thought important that the psychiatrist to whom the students were referred have no active part in the teaching program of the school and have no direct administrative contact with the student body.

A large proportion of the students have expressed an interest in obtaining a personal psychoanalysis. We do not know at this time whether this generally expressed wish is based upon subjective feelings of need, or upon the idea that a personal analysis would add to professional competency.

Summary

Three members of the faculty of the M.F.S.C.P., working as one of several administrative committees, have endeavored to develop adequate procedures for the selection of trainees, to plan individual courses of study, to maintain systematic records reflecting the progress of students, and to assist individuals and the group as a whole in making a good adaptation to the demands of the training program. These procedures were designed to cope with the administrative and inter-personal complexities of an educational program in clinical psychology. This experience, and the experience of other training centers, should lead to many modifications and improvements in the professional training of clinical psychologists.

THE DIDACTIC CURRICULUM

The Curriculum Committee

The responsibility for the curriculum of the School rests with the Curriculum Committee. The Committee takes for its province everything that a student of the School is supposed to learn, outside of his practical working experience and the supervision that goes along with it. Since there are no reliable traditions or tested precedents in clinical psychological instruction to dictate automatically what is to be taught and how it should be done, the problems of the Committee in the experimental program reported here have been many. The three-way interrelations with the Veterans Administration, Kansas University and the Menninger Foundation have served at times also to make the committee's tasks more complex. Practically, the problems with which it has been faced boil down to two large questions: first, what should a person learn in order to become a clinical psychologist, and second, what are the best ways of getting him to learn it?

Educating for Clinical Psychology

The answers to the first question would come much more readily if the clinical psychologist were a known species, described and catalogued and known to undergo few mutations. The actual state of affairs is much more fluid. In twenty years, clinical psychologists have come into being and metamorphosed rather thoroughly, but though they are less far out on the periphery of the psychological and psychiatric field than they used to be, they have not yet found a sure and accepted place within it. Psychometrics has become diagnostic testing, the grinding-out of IQ's has given way to prognostication and analysis of psychodynamics through the means of projective techniques, and psychological counseling has not been slow to extend itself to the more elaborate and subtle methods of psychotherapy. When today's trainees are established professionally, what will be the shape of clinical psychology? No one knows for sure, and all kinds of controversies swirl around the issue. Perhaps they will not die down until all of those who have to do with the care of the mentally ill take stock of themselves, their training and their functions, and decide what are the rational (and perhaps eventually necessary) divisions of labor in the over-all job.

Meanwhile, a beginning had to be made somewhere. The students' first courses had to start them off with urgently needed orientation to their clinical testing job and to the field in general. This objective included a mixture of some basic courses dealing with fundamentals not likely to change, and some courses which filled the urgent needs of the beginning program, even if their permanent place in an ideal curriculum was not yet

proved. Regret that our curriculum had to be based in part on conceptions and approaches which might be anachronistic in a few years has been somewhat tempered by the realization that it is difficult enough to find time even for the teaching of those courses in the fundamentals which we are reasonably sure will not change.

A curriculum had to be provided which would enable the students to meet two simultaneous sets of standards. On the one hand, there are the formal requirements for the Ph.D. laid down by the University, including 90 hours of graduate credit, embracing a minor subject and certain basic requisites, with no more than 30 hours of credit for the thesis, half of the 90 credits to be earned under instructors from the Lawrence faculty of the Psychology Department of Kansas University. On the other hand, the M.F.S.C.P. is offering a Certificate, which is to be a diploma stating in detail the aspects of clinical psychology in which proficiency has been attained. Requirements for the Certificate are largely independent of those for the Ph.D. degree, and are of a more specifically clinical nature. These requirements had to be worked out by the committee *pari passu* with the planning of courses for the four years of work at the school.

Specific tasks involved in meeting these objectives included the following: The content of courses taught at Topeka and at Lawrence had to be surveyed and scrutinized for gaps in essential content or overlap; courses had to be planned so that both students who already had an M.A. degree and those who wished to obtain it could be served; the different courses in clinical testing had to be geared to the interns' practical introduction to the procedures involved; and liaison had to be maintained in curricular matters with the rest of the Department of Psychology in the University of Kansas on the one hand and with the Menninger Foundation School of Psychiatry on the other.

At present, most of these tasks have been coped with in one way or another. Enough hours of courses are being provided so that the students who are veterans may receive subsistence payments, their content is considered to provide an adequate start towards fulfilling the dual requirements of degrees and certificates, and students are being guided towards the selection of topics for theses. There are at least twelve persons on the faculty of the Department of Psychology who will be able to supervise doctoral dissertations, eight of them in Topeka; there will be representatives of both campuses on each thesis committee. Enough meetings have been held with the heads of the Kansas University Psychology Department and with the various committees of the Menninger Foundation School of Psychiatry so that necessary business has been transacted and cordial relations have been created. The program for the immediate future is reasonably clear.

The Present Curriculum

The subject matter which is thought essential for the training of clinical psychologists may be roughly sub-divided into six areas. We shall briefly describe these, and list the courses which provide instruction in each. This list of courses, it will be noted, does not constitute a plan of study to be followed by the entire student group in the same sequence (as is the case in the Menninger Foundation School of Psychiatry), but rather a catalogue of available courses. It will be observed that some courses are taught at Kansas University in Lawrence (these are preceded by a course number, as for example, *160. Experimental Psychology*). Others are taught in Topeka but are listed in the catalogue of Kansas University and accrue credit towards a degree from that institution. (These courses are identified by the letter M preceding the course number, as *M302. Perception.*) Some courses are taught in the Menninger Foundation School of Psychiatry, and do not at present receive credit at Kansas University. (Thus, these courses have not been assigned catalogue numbers and are listed by title only, as, *Psychiatric Symptomatology.*) Where the content of courses is not self-evident from the title, a brief course description is appended.

A. Basic Psychological Sciences. Clinical psychologists need to be well grounded in the basic psychological sciences first of all. The psychology department of Kansas University provides a sound dynamic orientation towards the fundamental aspects of human behavior and mental functioning, with courses in experimental, perceptual, physiological, historical and systematic psychology. These are supplemented by courses taught in Topeka, which generally stress the areas of more immediate relevance to clinical psychology.

The following basic psychology courses are offered:

At Lawrence: *160. Experimental Psychology*
167 a & b. Systematic Psychology
302. Perception
303. History of Psychology
304. Thesis
305. Special Topics in Psychology
308. Physiological Psychology

At Topeka:* *M302. Perception*, Dr. Klein.
The perceptual process and its relation to personal structure are examined. The viewpoint is adopted that basic needs of the organism determine perceptual organization. The classical findings of psychophysics are re-evaluated and the findings of Gestalt psychology, conditioning and those of other approaches discussed. Experimental findings and genetic studies are emphasized.

* Where numbers and titles of courses taught at Lawrence and at Topeka are identical, these courses are equivalent and mutually exchangeable.

M308. Physiological Psychology, Dr. Barnard
The functioning of the nervous system and its common disturbances seen in clinical neurology.

M304. Thesis, staff
M305. Special Topics, staff
Individuals or small groups pursue the study of psychological problems which are not covered by formal courses.

B. Psychodynamics of Human Behavior. The clinical psychologist must have a basic understanding of human personality, its development, psychodynamics and deviations; to this end, courses in the development of the normal child, in fundamental theories of personality, in the dynamics of adjustment and maladjustment, and in descriptive clinical nosology have been made required work for all students, with the option of further specialized work in these subjects. These courses are offered either by Staff members of the Menninger Foundation School of Clinical Psychology proper, or by psychiatrists in the Menninger Foundation School of Psychiatry and will be audited by all students.

M151 a & b. Fundamentals of Child Development, Dr. Escalona
The nature and course of normal development. Processes of personality formation and principles of general developmental theory are emphasized, as is the problem of research methods in child psychology.

M154. Abnormal Psychology, Dr. Brenman
Facts and theories of abnormal behavior. The implications of psychopathology for the "normal" personality are stressed. Special emphasis is placed on current psychiatric theories of normal development.

M155. Advanced Abnormal Psychology, Dr. Brenman
An intensive study of special problems in abnormal psychology, including recent techniques in experimental psychopathology.

M323. Fundamental Theories of Personality, Dr. Robert Holt
The theories of behaviorists (Mowrer, Guthrie), dynamic psychologists (Lewin, Jung, Adler, Murray, Angyal, McDougall), constitutionalists (Kretschmer, Sheldon), the Geisteswissenschaftliche view (Klages, Dilthey, Spranger), and eclectic views (Allport, Murphy) are discussed.

Psychiatric Symptomatology, Dr. R. C. Anderson
A description of common psychiatric symptoms, without attempt to correlate them with specific syndromes, or to discuss their dynamic origin in detail. The mental spheres of sensation, perception, intellection, association, memory, attention, emotion

and volition are defined and described. The interrelation of these mental spheres is explained and illustrated.

Classic Psychiatric Syndromes, Dr. Wallner

Significant or controversial concepts of the etiology, pathology, symptomatology, differential diagnosis, course, and prognosis of the organic, toxic, affective, and schizophrenic reactions and the character disorders. The course also presents the psychological test findings in organic, schizophrenic and character disorders.

Dynamics of Psychiatric Syndromes, Dr. Knight

The classical psychiatric syndromes—psychoneuroses, character disorders, and psychoses—are presented from the standpoint of the special dynamic psychology of each. Brief case presentations are freely used to illustrate symptomatology and dynamics.

C. Diagnostic Testing. The school is committed to the task of producing psychologists who can use psychological testing as an adjunct to psychiatric diagnosis and therapy and also as a means of exploring human functioning in research. There had therefore to be courses in clinical testing covering the background, rationale and interpretive significance of a wide variety of tests, with elective specialization in the application of testing to children and to vocational guidance.

M312 a & b. Diagnostic Testing of Intelligence, Dr. Rapaport

The course centers around the Bellevue Scale, its scatter, item analysis and verbalization; the literature of scatter in general is covered. Emphasis is put also on the Babcock Test and the Stanford-Binet. Other intelligence tests which are diagnostically useful are discussed.

M313 a, b & c. Laboratory course in diagnostic testing: Elementary. Dr. Challman and staff

Practical experience under supervision in the administration, scoring and interpretation of the various diagnostic tests is offered.

M314 a, b & c. Laboratory course in diagnostic testing: Advanced. Dr. Challman and staff

In addition to supervised practice in administrating, scoring, and interpretation of diagnostic tests, opportunities are afforded for analyzing and synthesizing the test material.

M315. Diagnostic Testing of Concept Formation and Ideational Content, Dr. Rapaport

The course centers upon the Sorting Test and the Similarities Test of concept formation, but other outstanding tests of concept formation, such as the Holmgren Skeins, the Hanfmann-Kasanin Test, the Goldstein-Scheerer tests, are discussed. The diagnostic

testing of ideational content centers on the Association Test and the Thematic Apperception Test. Projective methods similar to the Thematic Apperception Test and phrase-completion tests and other variants of the Association Test are discussed.

M316 a & b. Diagnostic Testing of Personality, Dr. Rapaport
The course centers upon the Rorschach Test, though the Szondi Test, variants of the Rorschach Test, various projective tests and play techniques are also reviewed. Questionnaire methods of personality testing are given brief consideration.

M317. Vocational Testing, Mr. Wexler and Dr. Challman
The administration, interpretation, and use of intelligence, achievement, trade and aptitude tests as well as interest inventories are discussed. Vocational testing in relation to different personality patterns, to specific handicaps and to vocational counseling in general are dealt with.

M318. Laboratory course in Vocational Testing, Dr. Challman and staff
Practical experience in the supervised administration, scoring, and interpretation of vocational tests.

M319. The Testing of Infants and Children, Dr. Escalona
The course includes lectures and demonstrations of the standard tests for infants and children. Special emphasis will be placed on the Stanford-Binet.

M320. Laboratory course in the Testing of Infants and Children, Dr. Escalona
Practical experience in the supervised administration, scoring, and interpretation of tests to infants and children.

D. Research Methods. Although not all clinical psychologists need actually spend much of their time in research work, it seemed to us that recent experience during the war proved again the value of what has been a distinctive attribute of psychologists as a group: a training in scientific theory and methodology of research. Sophistication of this kind is an asset psychologists should jealously guard; to foster it, courses in design of experiment and statistical analysis of results, in the nature of theory and in the application of experimental research methods to clinical and dynamic psychology have been planned.

At Lawrence: *310. Quantitative Methods in Psychology*
311. Methodology

At Topeka: *M327. Laboratory in Psychological Statistics*, Drs. R. Holt & Klein
M326 a & b. Experimental, Clinical and Dynamic Psychology, Dr. Challman

M328. The Theoretical Background of Psychiatric Theory Formation, Dr. Rapaport

The course centers upon the axioms underlying acquisition of knowledge (scientific research) and treats the modes in which the choice of method determines the nature of the data obtained and the theory formation consequent to that. Historical problems and examples introduce the discussion of the issues.

E. Related Disciplines. A clinical psychologist should have some of the breadth of outlook and understanding of the broader implications of behavior he is concerned with, that an acquaintance with other related disciplines can give. Though he must be specialized, we did not want the clinical psychologist of our moulding to be narrow; consequently, opportunity was provided for the study of sociology, anthropology and literature in their relations to psychology. The Kansas University requirement of a minor also contributes to this aim by providing for approximately twelve credit hours of work on a graduate as well as undergraduate level in some other department. Students are encouraged to choose a minor from one of the following fields: sociology, philosophy, physiology, education or social work. The following courses, dealing with related disciplines, are taught in Topeka:

M324. Advanced Social Psychology, Mrs. L. Holt

The primary emphasis is upon social organization. The rules, sanctions, and values, as well as the authority structure of various social units, are analyzed with a view to discovering the forces leading to integration or to social disorganization. Attention is directed both to manifest and latent functions of social behavior; and problems of social change are discussed.

M325. Psychological Implications of Cultural Anthropology, Mrs. Holt

In order to give the student adequate perspective upon the cultural and social organization of modern society, a comparative analysis of various "primitive" societies is undertaken. Techniques of studying cultures from an anthropological point of view are discussed together with the application of these methods to research on non-primitive groups. Emphasis is placed upon the role of social and cultural forces in influencing the development of individual personality.

Psychological Aspects of Imaginative Literature, Dr. B. E. Boothe

Psychological insight into character and behavior which imaginative literature extends to the reader is the subject of this course. It is concerned with the relation between the values of imaginative literature and psychological insight. Discussion is focussed upon representative poems, plays, novels, and short stories.

F. Therapy. A clinical psychologist must know something about therapy. Obviously, not all graduates of the school will become psychotherapists, nor is it any less obvious that complete and effective training in the carrying out of this most difficult branch of the healing art cannot be sandwiched into an already crowded schedule. Yet every clinical psychologist needs to have at least an acquaintance with the nature of a variety of psychotherapeutic methods, and it seems desirable for those who are to practice to begin their training at least before the award of their degrees. The already mentioned proposal for the consolidation of courses in the Menninger Foundation School of Psychiatry and Clinical Psychology is the reason that a definite course outline in this area cannot be offered at present. This much can be said definitely, however. Training in the practice of therapy will be offered only to those interns who have shown themselves well qualified to profit from it, and must therefore be delayed until at least the end of the second year. There are on the faculty psychoanalytically trained psychologists engaged in therapy who will be able to give such training, and supervise practice. As explained more fully elsewhere in this issue, psychoanalysis will be available to some students under certain conditions, to further—among other ends—their preparation for practicing supervised psychotherapy. Finally, some students are already doing supervised readings in hypnotherapy.

There are a number of gaps in the training program. Testing procedures such as Mira's myokinetic method, the Bender Visual-Motor Gestalt Test, the interpretation of drawings and paintings including finger painting, situational testing, Halstead's perceptual analysis, sociometry—these are techniques with which clinical psychologists should have at least some acquaintance, though none of our present staff members have extensive experience in any of these. Other aspects of clinical psychology such as group therapy, non-directive counseling, diagnosis and remedial work in the pathology of speech, reading and writing, work with the feeble minded and with aphasics, and others, similarly demand some place in a curriculum that proposes to train well-rounded clinical psychologists. The Committee is now considering the feasibility of one proposal for closing some of these gaps, which is to bring experts in the different topics to give at least short courses and demonstrations in their specialties.

Understandably, the curriculum as presented is not in fixed form, but may change considerably as experience dictates. It is not yet clear, for example, what will be the final number and form of courses in the general area of nosology. An attempt is under way to unify the teaching of abnormal psychology and descriptive psychiatry in the Menninger Foundation

Schools of Clinical Psychology and Psychiatry, which may result in a consolidation of some of the courses listed. It may be necessary to provide an extra course in concepts of general medicine for the psychological students, who will have had otherwise very little background for the understanding of organic and psychosomatic disorders.

The Form of Instruction

When attention is turned to the second fundamental group of tasks to be done by the Committee, the *ways* of bringing about the learning of what is to be learned, the program is seen to be even less thoroughly worked out. We have definite views about the kinds of teaching and learning we want to foster, but must also point out certain obstacles in the way of realizing them.

The finished product, a good clinical psychologist, is not necessarily a scholar and a researcher, but he certainly needs to have a drive towards constant improvement of his knowledge and understanding of people, of their difficulties in living and the ways such difficulties are overcome, and he should have learned methods of seeking and providing this kind of professional growth for himself. If a program of training succeeds in turning out people who want and know how to educate themselves, it does not matter so much that the content of courses taught will inevitably become somewhat obsolete. Such psychologists will be equipped with the only tools that will stand them in good stead in an era of uncharted professional change.

The means for bringing about the development of self-educating people, in our view, is to create a working atmosphere in which students will not simply have handed to them a complete menu of psychological nourishment, but will be encouraged, and if necessary, forced, to question things, think for themselves, get excited about what they are learning and pursue it for its own sake. To develop such an atmosphere is a goal that has little claim to novelty. At least lip-service is paid to it widely, and many educators know how hard it is to go beyond lip-service.

Certainly one barrier is formed by traditional teaching methods. The didactic lecture course does not demand nor encourage more than passive incorporation; yet it remains the back-bone of graduate teaching in the present experimental school as well as in most traditional ones. Besides the inertia of tradition, there are at least two functional reasons for the retention of the lecture course: first, it enables one to transmit a great amount of material that has to be learned; and second, a satisfactory synthesis of what is best established in a dynamic field may not be available in written form, and must be supplied by a lecturer. For the very reason that there is so much to be learned in clinical psychology—even of what is

already known—it is a great temptation to over-value the communication of a maximum of information at the expense of techniques of teaching that might awaken an autonomous striving after understanding. Perhaps one of the occupational diseases of psychologists, intellectualization, makes them particularly prone to this kind of over-valuation.

Besides the entrenched position of authoritarian didactic methods, there is another obstacle to bringing about the kind of working atmosphere for the learner already described, and that lies in the learner himself. In the veteran who is getting a well-earned continuation of his education at government expense we seem to find a good deal of the passive kind of attitude towards the educative process which has just been called least productive. We are not alone in having the impression, though it is no more than that, that the student who is a veteran is more likely to be passive, receptive and demanding in his approach to education than the kind of person who before the war came for advanced training. He seems to need more than the announcement of a "discussion period" at the end of a lecture to get him to ask other than straight factual questions, more than the assignment to write a paper to bring about critical thinking instead of an unevaluated summary of a bibliography. It is almost a truism that graduate students traditionally educate themselves, through more or less informal symposia and "bull-sessions" of their own organizing, but little of that is to be seen today, even considering the little time available for it.

Means of bringing about the desired end other than by cut-and-dried course work are being tried. In the first place, it must be realized that unlike most other graduate training programs in psychology, the M.F.S.C.P. is operating in the context of a training center for psychiatry and related disciplines, in which there are many opportunities for informal and extra-curricular contacts with doctors, social workers, nurses, occupational and recreational therapists and other professional persons, most of whom are engaged in either giving or receiving advanced professional training. There are opportunities for psychological interns to attend staff conferences in which psychiatric and psychological reports on a patient are read and discussed. There are many talks and discussion group meetings in the evenings, often several a week. During the academic year up to the time of writing, the following events have been open to students of the school.

Forums and Seminars Sponsored by the Educational Department of the Menninger Foundation:

"Unsolved Problems in Psychiatry," by Dr. Karl Menninger.

"The History of the Concept of Schizophrenia," by Dr. Wallner.

"Psychodynamic Aspects of Schizophrenia," by Dr. Knight.

"The Schizophrenic Thought and Affect Disorder (Psychological Contributions)," by Dr. Rapaport.
"Trends in Middle Western Art," by Dr. John Helm, of Kansas State College, Manhattan, Kansas.
"How Did the Middle West Get That Way?" by Dr. John Ise, Kansas University.
"Religious and Ethical Attitudes in the Middle West," by Mr. Nelson A. Crawford, author and editor.
"Pre-frontal Lobotomy," by Dr. Jan Frank and Dr. Leon Bernstein.
"The Individual Psychopathology of War and Peace" and three other seminars, by Dr. Gregory Zilboorg, New York City.
"Dynamics of Psychosomatic Medicine," by Dr. Sidney Margolin, New York City.
Series of five seminars on Child Psychiatry by Mr. Erik Homburger Erikson, San Francisco.

Meetings of the Topeka Psychology Forum:

"A Review of Literature in Child Research," by Dr. Escalona.
"Non-normative Study of Child Behavior: a Research Proposal," by Dr. Escalona.
"Diagnostic Correlates of the Autokinetic Effect," by Dr. A. Voth, Topeka State Hospital.
"Let There Be Light," motion picture and panel discussion led by Dr. Brenman.
"Test Findings on Physically Handicapped Soldiers," by Mr. Kass.
"Some Psychoanalytic and Sociological Determinants of Vocational Adjustment," by Mrs. Holt.
"Dynamic Psychology and Kantian Epistemology," by Dr. Rapaport.

Small Study-Group Seminars (January–March 1947).

"Development and Functions of the Normal Ego," led by Dr. Jan Frank.
"Child Psychiatry," led by Dr. Escalona.
"Supportive Psychotherapy," led by Dr. R. C. Anderson.
"Psychology of Women," led by Dr. Michelina Fabian.
"Hypnotherapy," led by Dr. Brenman.
"Discussion and Critique of Various Schools of Psychodynamics and Psychotherapy," led by Dr. Paul Bergman.

Some students have begun to participate in these last seminars, and all of them will soon be involved in the new series. These seminars consist of groups of one to two dozen students of the schools of psychiatry and clinical psychology and members of the professional staffs of Winter V. A. Hospital and the Menninger Foundation, each under the leadership of a senior staff member. They pursue topics of their own choosing, a presentation being made at each weekly meeting by one participant, followed by general discussion.

Further, a large number of small reading courses are currently giving instructors much more chance for direct stimulation of the interns: Readings in Ego Psychology and Thought Processes, by Dr. Rapaport, for four students; Readings in Hypnosis and Hypnotherapy, by Dr. Gill, for six students; Readings in Psychological Changes Following Brain Injury, by

Mr. Kass, for two students; Readings in Child Psychology, by Dr. Escalona, for two students; Readings in Culture and Personality, by Mrs. Holt, for one student. In addition, three students are enrolled in Special Topics courses designed to lead towards doctoral dissertations in the fields of hypnosis and the testing of children.

All students who do not have the M.A. degree are at present faced with the necessity of choosing and working through thesis topics; this situation is furnishing a stimulus to independent thought.

Possibilities are being explored for affording the interns a more varied experience, away from their present environs, which might be expected to shake them out of their relative narrowness and dependence through what G. W. Allport likes to call a mental change of venue. The kinds of experience under consideration are work in child guidance clinics, nursery schools, summer camps for delinquent and other "problem children," institutions for the feebleminded, and work with normal groups through the schools and veterans' organizations. But it is recognized that these are weak answers to a big question; to the provision of better answers—and this means unconventional teaching methods that will produce people who have the seeds of growth within them—the Curriculum Committee proposes to devote itself.

THE CLINICAL PROGRAM

The students of the school are employed on a part-time basis as interns in the Psychological Service of the Winter Veterans Administration Hospital. They hold P-1 or P-2 Government positions (Public Law 293, part time), depending on the amount of previous training. Of the 18 interns, 12 have the B.A. degree; the remainder have the M.A. degree. Their previous practical experience in clinical psychology varies from none to three years.

The clinical work performed by these interns represents their "on-the-job-training." They are called on to work at Winter V. A. Hospital five mornings a week, their work being, in part, a service to the Hospital and, in part, a learning experience. As the program develops, each of the interns is expected to make a greater contribution to the actual work of the Psychology Department. This will be, of course, in direct proportion to the progress of their own learning and the broadening of their psychological horizons.

Objectives

The objectives of the clinical program are, in brief: To provide—under the given conditions—the richest possible training in clinical psychology; to integrate clinical work with didactic instructions; and to make the interns productive members of the Psychological Service as soon as possible.

Organization

A Clinical Programs Committee is in charge of planning and executing the clinical program. This Committee consists of David Rapaport, Milton Wexler, Executive Secretary, and Robert C. Challman, Chairman. Experience has shown it frequently advisable to include in the weekly meetings of the Committee all staff members who directly supervise the interns' work. In addition to Milton Wexler, who is a member of the Committee, the supervisory staff consists of Maryline Barnard, Michael B. Dunn, Robert R. Holt, and Martin Mayman.

1. *Supervision of the Interns.* Each supervisor is directly responsible for the clinical training of a small group of from three to six interns. The actual number depends, in part, on placing those with the same amount of previous experience in a single group. Approximately one-fourth of the staff members' time is spent in supervision.

It is the general responsibility of the supervisor to see that the interns are assigned patients for testing, carry through the administration, scoring and interpretation of tests in a professional manner, and prepare acceptable

diagnostic reports. These general responsibilities, of course, carry with them many additional duties which range from seeing that proper test materials are available to the interns, to discussing general theoretical points concerning nosology, dynamics, and the like. The Chairman of the Clinical Programs Committee has recently started the practice of meeting with the interns twice a month to acquaint them with future plans concerning their training and to seek their opinions about any aspect of the training program which is of interest to them.

2. *Increasing Special Competencies of the Staff.* In addition to diagnostic testing and research (and later, for some of the staff, psychotherapy), each staff psychologist is expected to become exceptionally well-versed in two of the most commonly used tests. He is expected to keep up with the literature and inform the rest of the staff concerning it. Each staff member is also responsible for keeping up with the literature in one field of clinical psychology or psychiatry. More than one psychologist is assigned to the same test and to the same field in order to safeguard against the effects of personnel losses.

Diagnostic case conferences with or without the assistance of a consultant to the Service, serve to develop the clinical versatility of the staff.

3. *Interns Organization.* The interns have an organization of their own, with an elected president, secretary, and librarian, which meets from time to time. At the end of the last semester this body submitted an evaluative report on their own clinical training which contained a number of valuable suggestions for improvement.

Description of the Program

1. *Orientation.* As a preliminary orientation, each intern was given a written description of the functions of the Psychological Service and a statement describing the objectives of the entire clinical psychology training program including the intern's obligation to that program.

As a more formal orientation to the work of the Hospital, a series of talks and visits were arranged for the interns. In these the Manager of the Winter V. A. Hospital, Dr. Karl Menninger, its Clinical Director, Dr. J. F. Casey, and its Chief of the Neuropsychiatric Service, Dr. Robert C. Anderson, took part. The Chiefs of the following sections and Services also addressed the interns in order to acquaint them with the work of their divisions: Medical, Surgical, Out-patient, Reception, Psychoneurosis, Neurological, Open Convalescent, Acute Sections, Psychiatric Nursing Service, and Psychiatric Social Service.

In addition to these orientation lectures, opportunities for concrete experiences were offered by a tour of the Medical Rehabilitation Service, by attending a Psychiatric Case Conference in which they had an oppor-

tunity to observe the integration of psychological test findings with the clinical findings of the psychiatrist; and by attending a case conference of the Psychological Service in order to observe the methods of analysis and synthesis of psychological test data used in arriving at the diagnosis of a patient.

2. *Intensive training in Test Administration, Scoring and Interpretation.* In order to make the interns productive members of the Psychological Service as soon as possible, they were all given a series of eight lectures on the Wechsler-Bellevue Intelligence test before the extensive regular curricular teaching of the test took place, so that their work would become directly useful at the earliest possible moment.

The first four months of the program were devoted to lectures, demonstrations, discussions, and practice testing with this test alone. The intern first observed a series of demonstrations by the staff psychologist of the Menninger Clinic and then a series by their own supervisors on Winter V. A. Hospital patients. All cases were discussed in detail with them.

They were then given an opportunity to test each other, and soon thereafter began on "practice cases." Patients in this category were taken from the hospital population but were especially selected so that they would not present particularly difficult problems. Section Chiefs were asked to refer patients on whom intelligence tests results were desirable, but on whom detailed analysis of the tests was not considered essential to an understanding of the patient's condition. The needs of clinical work and of training were thus harmonized.

The training in the administration of the Wechsler-Bellevue Test included direct observations by supervisors during test administration. Following this, each test given was thoroughly discussed with the intern and members of his group as to problems of proper administration, scoring and interpretation. In addition, suggestions were given for the development of a working manual to aid in the administration of the test. Each intern was encouraged to complete the manual in the way most effective for his functioning.

3. *The Rotation Program.* When interns had acquired a considerable degree of competence in the administration of the Wechsler-Bellevue Test, it was felt that their experience should be broadened by close contact with a wide variety of patients through the hospital. At this stage, a rotation program was put into operation. Interns were sent in pairs to each of the following hospital services and outside agencies:

(1) Topeka State Hospital
(2) Psychoneurotic Section, Winter V.A. Hospital
(3) Acute (Psychotic) Section, Winter V.A. Hospital
(4) Open Convalescent Section, Winter V.A. Hospital

(5) Neurological Section, Winter V.A. Hospital
(6) Women's Neuropsychiatric Section, Winter V.A. Hospital
(7) Medical Service, Winter V.A. Hospital
(8) Out-Patient Service, Winter V.A. Hospital
(9) Surgical Service, Winter V.A. Hospital
(10) The Menninger Clinic

The most advanced interns were introduced to the rotation program first, and in successive months additional groups were given assignments. Each group of two spends one month on each of the services and at each of the agencies. Interns were sent to the State Hospital in order to acquire experience with types of patients not frequently seen in this Veterans Hospital, e.g., deteriorated patients and those with long time institutional backgrounds. They were also brought in contact with the problems of a State Hospital in which the usual amount of under-staffing is present. Dr. Albert Voth, the Chief Psychologist of the State Hospital, undertook to arrange for the selection of patients for testing and to act as consultant. The regular staff supervisor, however, retained charge of the case analysis and the writing of reports.

Experience at the Menninger Clinic again entailed meeting a rather different type of patient population than is seen either at the State Hospital or at Winter V. A. Hospital. At the Menninger Clinic direct supervision of interns is given by the staff psychologists of that Clinic. In addition to testing regular patients of the Clinic, the interns attend case conferences and observe further demonstrations of the test with which they are working.

In all the Services of the Winter V. A. Hospital, the Menninger Clinic, and the State Hospital, the rotation program provides something beyond an experience in testing patients. Interns make rounds with psychiatric consultants in company with residents in psychiatry; they mingle with the patients and observe their day-to-day ward life; they participate in some of the recreational and occupational therapy with the patients they are observing; they are expected to note how the ward functions, and the kinds of duties performed by the attendants, nurses, and psychiatric social workers. They also attend the Service staff conferences in which the patients they have tested are discussed. In view of the lack of experience of the interns, however, they are not asked, for the present, to do more than read the psychological report on the patient which has been approved by their supervisor. Questions of integrating the clinical and psychological test findings are taken up in advance between the psychiatric resident who attends to the patient and the intern's supervisor. At Service staff conferences the interns have the opportunity of hearing the entire discussion by the psychiatric staff and the consultant, and are thus in a position to verify or disapprove the impressions they formed on the basis of the test data.

It is not necessary to discuss each service or outside agency separately, but it should be noted that the medical and surgical services provide opportunity for the study of psychosomatic cases as well as "non-psychiatric" cases and that the Out-Patient Department of the Hospital provides an opportunity for testing experience with a type of patient that would not ordinarily be available in a neuropsychiatric hospital.

The intern's first introduction to problems of research takes place during the operation of the rotation program. While assigned to the Out-Patient Service, each intern spends approximately half his time testing and the other half in administering group tests designed to measure the degree of economic and social disability of the patients. These tests are experimental forms developed by the Psychological Staff. In administering these tests and subsequently in working up the data from such tests, the interns are doing work not only of benefit to the hospital but are learning about practical problems of research. As an intern advances in the program, he will spend a larger share of his professional time in research. It is expected that nearly all research problems for the Masters Degree and for the Ph.D. will utilize patients as subjects. Thus the clinical experience of the intern will be broadened and intensified through his research experience.

Agreeing with the Shakow Committee's recommendation that all psychologists should from time to time reacquaint themselves with the test responses of normal people, plans are being made to have interns (and staff) test certain veterans in Topeka. The data from such testing will also provide "controls" for the tests obtained from the Winter V. A. Hospital population.

4. *Order of Learning Tests.* By February 1947, all the interns who had started in the previous Fall Semester were reasonably competent in handling the Wechsler-Bellevue Test. At this time nine lectures were given on the Learning Efficiency Test, the Szondi Test, and on the Visual Motor Tests (Bender Visual Motor Gestalt Test, Memory-For-Designs test, and Draw-a-Man Test). Training in these tests was given primarily because they are relatively easy to administer and score, and also because their administration by interns would assist the staff in work with patients. It is planned to start training in the Thematic Apperception Test on or about May 1, 1947. At a later date training will begin on the Word Association Test and, during the second year, on the Rorschach Test. Training in aptitude and interest testing for the purpose of vocational guidance is also planned for the second year.

5. *Work with Children.* During the second year each intern will have extensive opportunities to work with children. Through the children's out-patient department at the Menninger Clinic as well as the Southard School, opportunities will be offered for experience in testing infants and

children. There will also be opportunities to become familiar with the clinical records of many of the children tested and to attend case conferences in which diagnosis, and therapy are discussed. The early part of this work will be coordinated with didactic courses in the testing of children.

6. *Therapeutic Training.* Specific plans for training in therapy have not been developed as yet. It seems likely that all interns will be given didactic courses in techniques of psychotherapy and that certain selected ones who show an aptitude for therapeutic work will be given appropriate clinical training. Emphasis will probably be placed on training in psychodrama, hypnotherapy, and group psychotherapy. There may also be opportunities for counseling hospital employees on their personal problems. It is planned that all psychotherapeutic endeavors by interns will be closely supervised both by the psychological staff and by psychiatric consultants.

Unsolved Problems

The major weaknesses of the program as it has been outlined consist in the following: (1) It has proved almost impossible to provide an effective integration of the interns' didactic experiences and their clinical experiences. In general there is a tendency for the academic program to fall somewhat behind the demands of the clinical program. This is no fault of the academic program. It merely means that the majority of the interns come into a work program in which they are called on to act as clinical psychologists with little or no practical or theoretical background in such things as nosology and psychodynamics. It takes a considerable period of time before they are reasonably sophisticated in these areas and in the meantime their clinical work with patients suffers from their general naivete even as to such matters as terminology. (2) At the present time only general plans have been made for the training of interns in therapeutic techniques. Steps are now being taken to make such plans more specific. (3) There is as yet insufficient collaboration with the Psychiatric Social Work department of the hospital and only a general plan of cooperation with the Vocational Advisement and Guidance Section has been developed. Likewise plans for even minimal training in occupational and recreational therapy have not been made. (4) Shortages of personnel in the regular psychological staff have forced some compromises between the adequate training of interns and the service of the psychological staff to the hospital.

In general, the Staff of the Psychology Service is optimistic concerning the program. Interns in general have proved themselves to be of rather superior caliber. The administrative and psychiatric staff of this hospital has warmly welcomed the program and given every assistance in carrying it through. Facilities, services, and opportunities have been freely extended both to the staff and to the interns to make the clinical training program rich, absorbing, and varied. While it is still too early to evaluate the true worth of the total program there seems adequate reason for optimism.